

PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

- Intervention Name:** *Be Proud! Be Responsible!*
(Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)
- Developer:** Loretta Sweet Jemmott, PhD, RN, FAAN;
John B. Jemmott III, PhD; and Konstance A. McCaffree, PhD
- Program Description:** *Be Proud! Be Responsible!* is geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.


Component 1: Curriculum

This curriculum is based on communicating a strong sense of community, sexual responsibility and accountability, and a sense of pride in making safer sexual choices. It consists of six modules:

- 1: Introduction to HIV and AIDS
- 2: Building Knowledge About HIV and AIDS
- 3: Understanding Vulnerability to HIV Infection
- 4: Attitudes and Beliefs about HIV, AIDs and Safer Sex
- 5: Building Condom Use Skills
- 6: Building Negotiation and Refusal Skills

The program is delivered through group discussions and exercises, videos, games, and role-play. While originally conducted in small groups of five to six participants, in a one-day five-hour session, the developer indicates that it can be used in larger groups and can be implemented alternatively as six one-hour sessions or split into two three-hour sessions over two days.

- Target Population:** The program originally targeted African American male adolescents, 13–18 years old, in urban, community-based settings. However, it has subsequently been used with more diverse youth populations in both in-school and out-of-school settings.

Curriculum Materials:	The full curriculum package includes a facilitator manual, an activity set (interactive cards, role-plays, and posters), and video clips. It is available for purchase at http://selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/ .  TV and video equipment is necessary for use of the program.
Training and TA:	Two types of trainings are offered for implementation of the program. Facilitators who are well versed in HIV/AIDS and adolescent sexuality education receive 16 hours of training. Facilitators who are not as knowledgeable about the subject receive 24 hours of training. The training involves gauging the facilitators' comfort level with sexuality and HIV/AIDS, discussion of implementation concerns, an overview of HIV/AIDS knowledge and understanding the content of the curriculum.
<u>Research Evidence</u>¹	
Study Citation:	Jemmott III, J. B. (1992). Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. <i>American Journal of Public Health</i> , 82(3), 372–377.
Population Evaluated:	African American male adolescents recruited from an outpatient medical clinic, local high school assemblies, and a local YMCA in Philadelphia, Pennsylvania <ul style="list-style-type: none"> • Mean age 14.6 years
Setting:	A local school (outside the regular school day)
Study Findings:	At the 3-month follow-up: adolescents participating in the intervention reported having significantly fewer female sexual partners and fewer days of vaginal intercourse and vaginal intercourse without a condom (prior 3 months), and were significantly less likely to report having heterosexual anal sex.

¹ This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.

Study Citation:	Jemmott, J. B., Jemmott, L. S., Fong, G. T., & McCaffree, K. (1999). Reducing HIV risk-associated sexual behavior among African American adolescents: Testing the generality of intervention effects. <i>American Journal of Community Psychology</i> , 27(2), 161–187.
Population Evaluated:	<p>African American adolescents in grades 7 and 8 from public schools in Trenton, NJ</p> <ul style="list-style-type: none"> • Mean age 13.2 years • 54% female and 46% male
Setting:	A local school (outside the regular school day)
Study Findings:	At the 6-month follow-up: adolescents participating in the intervention reported significantly less frequent engagement in unprotected sex in the previous 3 months and were significantly less likely to report having had anal intercourse in the previous 3 months.